

# Availability of CPR Equipment

**In the event of an emergency call 911**

**or \_\_\_\_\_ at \_\_\_\_\_**

Insert name of local emergency medical services (EMS)

Insert phone number of local EMS system

**Resuscitation masks and disposable gloves are  
available at \_\_\_\_\_**

Insert name of location where resuscitation equipment is provided

**Learn CPR. For more information contact**

\_\_\_\_\_  
Insert name(s) of organization(s) qualified to offer CPR training,  
which may include but are not limited to American Red Cross and American Heart Association.

*- 10 NYCRR Part 801*